U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only			
/0 gc	LY BEFORE PREPARING THIS REPORT		
E OLMS OF			
1 File Number U - 48	2 Fiscal Year Covered From		
[
3 Name and address of person filing	1 / 1 / 2004 Through 12 / 31 / 2004		
	4 Name, file number, and address of labor organization		
Name Dave Monero	Name Plasterers and Cement Masons AFL-CIO #692		
	Labor Organization File Number 530-002		
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any		
Street 3417 Suburban Ave	Street 220 North Fulton Street		
Ch			
City Ft Wayne	City Indianapolis		
State Indiana ZIP Code + 4 46804	State Indiana ZIP Code + 4 46202		
5 Position in labor organization Business Representative			
	and a continue of the attenuation of control to the attenuation of the first terms.		
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Name of Person Filing Dave Monero	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Enchanced Investment Technologies, LLC Trade Name, if any P O Box, Bidg, Room No, if any Harbour Financial Center Street 2401 P G A Boulevard, Suite 200 City Palm Beach Gardens State Florida ZIP Code + 4 33410	9 Business deals with a Labor Organization b Trust c Employer		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name IN ST COUNCIL OF PLASTERERS AND CM PENSION F Trade Name, if any PLASTERER'S AND CEMENT MASONS PO Box, Bldg, Room No, if any PO BOX 50440	After Meeting Dinner August 2004		
Street	11 b Approximate dollar value of such dealing	\$110	
State Indiana ZIP Code + 4 46250-0440	12 a Nature of interest held or income received After Meeting Dinner August 2004		
	12 b Amount	\$0	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment		
Name			
Trade Name, if any			
P O Box, Bldg , Room No , if any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	\$0	

13 a

Dave Moreno

07/14/2005

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004 Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Signature 8/11/05 Date